United Nations E/2002/SR.16

Economic and Social Council

Provisional

14 October 2002

Original: English

Substantive session of 2002
Operational activities segment

Provisional summary record of the 16th meeting
Held at Headquarters, New York, on Tuesday, 9 July 2002, at 10 a.m.

President: Mr. Kumalo (Vice-President) ..... (South Africa)

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02-46941 (E)

The meeting was called to order at 10.15 a.m.

Operational activities of the United Nations for international development cooperation *(continued)*

Dialogue with the United Nations system country team for Eritrea

1. **Mr. Nhongo** (Resident and Humanitarian Coordinator for Eritrea) said that Eritrea had emerged from a thirty-year liberation struggle, and, following five years of independence, had fought a border war with Ethiopia. The difficulties caused by conflict had been worsened by drought and poverty, but the country had emerged from war with a unique combination of relative freedom from corruption, crime and social disintegration. Its people had demonstrated great commitment, and its ability to cope with humanitarian crisis had been considerable.

2. Sectoral working groups had been conceived to help with the humanitarian response to the situation in the country, and thematic groups had been set up at the same time to draw up a common country assessment (CCA) for Eritrea. Subsequently, as the focus on humanitarian response had given way to a focus on sustainable development, the sectoral working groups had begun merging with the thematic groups for the purpose of implementing the United Nations Development Assistance Framework (UNDAF) for Eritrea.

3. **Mr. Woldegiorgis** (Eritrean Relief and Refugee Commission (ERREC)), presenting the overall situation in Eritrea and the priorities for action there, said that the country's modern history had begun with the colonial period. Italy had ruled Eritrea from 1890 until 1941. Ten years of British administration had followed. In 1952, Eritrea had federated with Ethiopia. An independence struggle had begun in 1961, and Ethiopia had annexed Eritrea in 1962.

4. Thirty years of war had ended in 1991, with the establishment of a provisional government. Eritrea had become an independent nation in 1993, following a referendum, and it had joined the United Nations and the Organization of African Unity (OAU) the same year.

5. The Government's priorities for 2002 and 2003 reflected continuing humanitarian and reconstruction needs. Eritrea was a least developed country, and was one of the four countries with the lowest human development index levels. To those priorities were added the task of restoring a stable fiscal and macroeconomic framework to pursue the millennium development goals, and the costly matter of demobilizing soldiers and reintegrating them into the economy. The Government's longer-term priorities were to draw up a poverty reduction strategy paper (PRSP) based on a comprehensive poverty assessment and wide public consultation.

6. **Mr. Balslev-Olesen** (United Nations Children's Fund (UNICEF)), describing the complex emergency in which Eritrea had found itself since 1998, said that conflict and full-scale war had caused difficulties which had been compounded by drought. After five years of independence, which had brought social and economic progress and good relations with neighbouring Ethiopia, a border war had erupted in May 1998, rapidly spreading along the 1,000-kilometre frontier. A massive displacement of population and the drought had had immediate effects on food production, as farmers were deprived of access to their land. Initially, food distribution and the country's own coping mechanisms had contained the problems, but subsequently the situation had worsened, giving rise to food shortages and malnutrition and increasing the number of internally displaced persons. Internal displacement had also caused overcrowding and strained local resources in all sectors. Although an Agreement on Cessation of Hostilities had been signed in June 2000, currently half of the population, amounting to one and a half million people, remained affected by the same problems, and the country was having to cope not just with internally displaced persons, but also with resettling returning refugees.

7. The lack of basic health services, water supplies and sanitation had increased the spread of communicable diseases, and many were suffering from psychological trauma. Food production remained affected by lack of access to agricultural land because of landmines and drought, many people of working age had been diverted to military duties, and trade had been badly disrupted. One third of the population was dependent on food aid. Education had suffered too, as many teachers had joined the war effort, and the pupil-teacher ratio had increased.

8. **Mr. Nhongo** (Resident and Humanitarian Coordinator for Eritrea), describing the coordination of humanitarian activities in Eritrea, said that six sectoral

working groups had been set up to cope with the emergency situation and had evolved into thematic groups. Their activities were underpinned by an information and coordination centre operating under the authority of ERREC and the Office of the Resident and Humanitarian Coordinator. The common characteristic of the thematic groups was that they were chaired by the Government of Eritrea and the appropriate lead United Nations agency. The thematic groups used a coordinating structure which in some cases encompassed a full range of representatives (United Nations, the Government, civil society organizations, non-governmental organizations and donors), and in other cases included only some of those representatives. Information-sharing arrangements included monthly donor updates, fortnightly humanitarian updates and weekly regional situation updates, and a "Who does What Where" ('3W') database. Field visits involving United Nations agencies and donors also took place.

9. As a result of coordination, duplication and competition for resources had been reduced, responses had been made easier, planning had been improved, and access had been obtained to United Nations Mission in Ethiopia and Eritrea (UNMEE) logistical resources for monitoring, assessment and evaluation. Those efforts had provided a strong foundation for the development of the UNDAF for Eritrea. There had been constraints, however. All partners had suffered from a lack of human resources, information had been insufficient and slow and there had been funding shortages and delays. Moreover, the extent of the crisis had always been difficult to gauge. It had spread faster than expected, and by 2000 there had been no coordination mechanisms left in the country. Lessons had been learned from the coordination process. They included awareness of the need for the Government to be prepared for emergencies, the importance of a United Nations Office for the Coordination of Humanitarian Affairs (OCHA) presence, and the positive effect of close collaboration between the United Nations country team and UNMEE. In addition, the attention of the humanitarian aid staff had been so focused on the emergency that the thematic group dealing with return and recovery had never become operational. That group had been revived in the context of the UNDAF, however.

10. **Dr. Nsue-Milang** (World Health Organization (WHO)) said that the health and nutrition thematic group consisted of representatives from the Ministry of Health of Eritrea, United Nations agencies, ERREC, bilateral donors, non-governmental organizations and the Red Cross movement. The thematic group had used coordination as a way to improve the response to the problems of the emergency situation. It had sought to address the health and nutrition needs created by the emergency, monitor the state of health and nutrition in camps for internally displaced persons and among the host population, share information on that situation with the appropriate agencies and donors, and mobilize enough resources to cope with health and nutrition needs. In some cases, agencies had had to reprogram their core resources to provide a suitable response. The thematic group had sought to estimate the number of displaced persons, identify disease patterns, examine resources and logistics and assign roles and responsibilities. It had been decided that all services should be delivered through the local health-care system. Action had included immunization against measles for children, supplementary feeding for women and children, and a focus on the major communicable diseases.

11. Achievements had included targeted responses based on structured assessments, mobilization of enough resources to meet the shorter-term needs of displaced persons and reduction of malnutrition and disease. There had been constraints, however. There had initially been duplication of effort between the Ministry of Health and humanitarian organizations, reserves of drugs and consumables had been low, water had often had to be trucked into camps, and donors had often reduced support to areas other than food aid, forcing the agencies involved to reassign their own resources.

12. **Mr. Campbell** (United Nations Population Fund (UNFPA)) said that the country team had found certain simple assessment and planning tools very useful in prioritizing health interventions during the humanitarian response to the crises. Rapid assessments of critical strategic areas of health and nutrition, such as malaria incidence, reproductive health and child health, had provided a sound basis for joint efforts with the Ministry of Health.

13. One of the critical needs in a crisis or post-crisis situation was to determine where the vulnerable populations were located and in what numbers, in order to plan delivery of services. The demographic profile of internally displaced persons, a chart which matched

camp locations with columns showing a breakdown of target populations into the categories of men, women, children under 15, children under 5 and lactating and pregnant women, had proved to be a flexible coordination tool, although the figures had shifted almost daily during the crisis. The baseline demographic and target population data had been useful for interventions for water and sanitation as well.

14. Another useful tool, based on those population estimates, was the financial shortfalls chart, setting out the estimated operating costs of providing certain key services, for example, measles vaccine, vitamin A capsules, supplementary feeding and safe motherhood/emergency obstetric care. For each category the chart showed amounts disbursed and pledged, as a total and separately for the agencies, and highlighted the difference between required and disbursed resources under the "Gap" column. The chart helped identify areas where resources could be shifted between programmes and where fresh resources needed to be mobilized.

15. The fact that some partners were unable to share financial data or were providing in-kind contributions and technical assistance, difficult to quantify, acted as a constraint. Nevertheless, the main lesson learned was that simple tools could be useful in identifying vulnerable populations, targeting services and assessing resource requirements during a crisis.

16. **Mr. Nhongo** (Resident and Humanitarian Coordinator for Eritrea), describing the transition from humanitarian response to sustainable development, said that even during the full-scale war and massive humanitarian response in Eritrea in 2000, the CCA/UNDAF process had gone forward with the appointment of the CCA Steering Committee, the constitution of thematic groups and the assembly of data. The final draft of the CCA had been in preparation as the peace process had been getting under way. The CCA stressed poverty reduction as the framework for all future interventions, discussed the analytical areas of governance, economic growth, food security, health and education, among others, and identified as cross-cutting issues gender, environment, capacity development and vulnerable population groups. The CCA/UNDAF process had continued in 2001 alongside peace-building efforts and was marked by the holding of a stakeholders workshop, the appointment of the UNDAF Steering Committee, the harmonization of United Nations Development Programme (UNDP), UNFPA and UNICEF country programmes covering the period 2002-2006 and the drafting of the UNDAF document. As peace-building had continued in 2002, the UNDAF document had been negotiated with and endorsed by the Government and launched on 15 May, followed by the first meetings of the thematic groups on recovery and on health and nutrition.

17. **Mr. Campbell** (United Nations Population Fund), describing CCA/UNDAF coordination mechanisms in Eritrea, said that the United Nations country team's mission was to contribute towards fostering peace and good governance, achieving post-conflict recovery, strengthening basic social services, building sustainable livelihoods and stimulating equitable economic growth to promote the achievement of the overarching goal of poverty reduction. Its strategic objectives were to promote democratic governance, access to quality basic social services and pro-poor economic growth and sustainable livelihoods. In pursuing those objectives, the United Nations agencies had made a commitment to undertake joint programmes, participate in common monitoring and evaluation activities and strive to ensure transparent and accountable use of resources.

18. Four main thematic groups had been formed, with further division into subgroups. From the start the government body responsible for leadership of those groups, together with the lead United Nations agency, had been identified. The process of determining which other partners should be involved was ongoing. Terms of reference had been elaborated for the Steering Committee, the thematic groups and subgroups and the task forces. The Steering Committee was the policy body, meeting twice a year. The eight thematic groups and subgroups, which met quarterly at the relevant Government Ministries, had ongoing responsibility. The task forces were formed for a limited duration to perform specific tasks. The sectoral working groups that had been established during the humanitarian crisis were being merged smoothly into the thematic groups.

19. With a view to programme monitoring and evaluation, a set of approximately 20 indicators for the health sector, narrowed down from an initial set of 448, had been identified in the UNDAF document for Eritrea. In addition, a number of the indicators for the millennium development goals applied to health, one of the most significant being the proportion of births

attended by skilled health personnel, since it related to one of the most effective ways to reduce maternal mortality and morbidity. Baseline data covering five years were available for Eritrea. The challenge the country team had taken up was to see an improvement in that percentage in each of the next five years.

20. **Mr. Nhongo** (Resident and Humanitarian Coordinator for Eritrea) said that the UNDAF enabled all the United Nations system agencies to work together in a structured manner at the field level and provided a sound basis for rationalizing interventions so as to reduce duplication. One example of such streamlining had been the recent incorporation of the six humanitarian response sectoral working groups in the UNDAF thematic group coordination mechanism. The CCA/UNDAF process itself had facilitated the targeting of the most vulnerable groups and the identification of the sectors where the United Nations could add value. The three UNDAF strategic objectives were underpinned by indicators, which allowed for annual monitoring.

21. He noted that the CCA and the UNDAF had been prepared even as emergency interventions were under way, in an effort made possible by the presence of an OCHA support unit. Currently, as Eritrea moved out of the complex emergency phase, the demand for development support was increasing. It was to be hoped that the experience gained from humanitarian coordination would better equip communities for pursuing the achievement of the millennium development goals. He noted, in that connection, that beneficiaries themselves were becoming increasingly involved in humanitarian and development efforts. National ownership was a matter of principle for the Government, as was the complete integration of external resources with national efforts. Accordingly, the UNDAF emphasized capacity-building, which was one of the key cross-cutting commitments prescribed for all development partnerships in the country, the others being gender mainstreaming and HIV/AIDS.

22. On the basis of its experience in Eritrea, the country team had developed a number of conclusions and recommendations. First, given the uncertainty as to the magnitude of any crisis, it was imperative to have a contingency plan, a requirement that should be included in the terms of reference and operational guidelines of all thematic groups. Second, in order to address human resource constraints in times of crisis, partners should provide appropriate expertise on a short-term basis. Third, the capacities of line ministries and regional administrations should be enhanced through the provision of training and basic equipment, including information technology. Fourth, coordination mechanisms should be established from day one of the emergency, and existing UNDAF coordination mechanisms should be flexible enough to address crises as they arose. Lastly, in the light of the vital role of OCHA in support of the humanitarian coordination function during the complex emergency phase, the resident coordinator function should be similarly strengthened as the UNDAF process evolved.

23. In conclusion, he said that programme countries must take a leading role in development efforts, for without national ownership such efforts would not be sustainable, while donors must ensure that interventions were fully funded by establishing multi-year funding frameworks, and country programme teams must work towards joint implementation of programmes with a view to rationalizing interventions and facilitating the achievement of development goals.

24. **Mr. Vellano** (Italy) said that he would like to know more about the role of bilateral donors within the coordination framework and in particular the criteria for their involvement in thematic groups. He would also appreciate an assessment of the level of collaboration between the United Nations system and donor countries and the sectors in which they thought it could be improved.

25. **Mr. Acemah** (Uganda) said that, despite the recent conflict, Eritrea and Ethiopia shared historical and cultural ties and were grappling with common problems. He would therefore like to know how successful efforts at regional coordination had been and in what sectors.

26. **Ms. Whittenmore** (United States of America) asked whether internal funding flows had been slow for all agencies or only for some, what causes had been identified and what recommendations might have been made to Headquarters to improve the situation. Her delegation was pleased to hear how effective OCHA had been in Eritrea. With regard to the return and recovery group that had not become operational, she would like to know whether its absence had delayed needed activities or whether OCHA had been able to fill the breach.

27. **Mr. Campbell** (United Nations Population Fund) said, with regard to the role of bilateral donors, that in

discussions with the Government of Eritrea it had been made explicit from the outset that the UNDAF process was intended to be a dialogue between the Government and the United Nations system. However, donors with technical or financial input in any of the eight thematic areas were encouraged to become members of the thematic groups. Experience had shown that the sectors that benefited most from coordination were those where a multiplicity of actors were involved. The eight groups designated were in the sectors where the process would provide added value.

28. **Mr. Nsue-Milang** (World Health Organization) said that during the crisis bilateral donors concerned with the health sector, including the Italian cooperation agency and the United States Agency for International Development (USAID), had been members of the sectoral working group and had been swift to mobilize needed aid.

29. **Mr. Nhongo** (Resident and Humanitarian Coordinator for Eritrea) said that regional cooperation among all the countries in the Horn of Africa was carried out within the framework of the Intergovernmental Authority on Development (IGAD). However, even during the conflict the country teams for Ethiopia and Eritrea had met to discuss how to minimize the humanitarian impact and, later, how to foster confidence-building efforts. In May 2002 for the first time the meeting of the two country teams had included national staff of the countries, and programmes had been considered to promote peace-building between the two countries. Efforts were being made, though on a limited basis.

30. **Ms. Jarawan** (World Bank) said that a recent meeting in Nairobi of practitioners concerned with HIV/AIDS, which had culminated in a decision to set up a network to share experiences, had included participants from Ethiopia and Eritrea.

31. **Mr. Nsue-Milang** (World Health Organization) said that under the Horn of Africa initiative there had been many regional meetings on health issues such as malaria and HIV/AIDS, in which representatives from Ethiopia and Eritrea had both participated. The country team was envisaging specific cross-border activities, such as a concerted campaign in border areas by both countries to eradicate polio.

32. **Mr. Nhongo** (Resident and Humanitarian Coordinator for Eritrea) said that the lag in flows of financial resources was characteristic of conflict situations, where normal procedures could not keep pace with the rapid turn of events. However, the United Nations agencies had cooperated in that situation. For example, pending clearance of emergency funds pledged by Italy to be channelled through UNDP, UNDP had essentially advanced its own funds, using the direct execution modality.

33. During the height of the conflict, the return and recovery sectoral working group had not been operational because attention had to be diverted to supplying food and other life-saving initiatives, so that resettlement concerns had not been a priority. Since then, however, under UNDAF, a recovery thematic group had been formed to deal with rehabilitation, reconstruction and reintegration.

34. **Mr. Balslev-Olesen** (United Nations Children's Fund) said that between 200,000 and 300,000 refugees were expected to return to Eritrea from the Sudan in the period 2002-2003. While the Office of the United Nations High Commissioner for Refugees would ensure that their immediate needs were met, it would also be necessary to provide sustainable solutions for those returnees. Joint programming would be particularly important in that regard. He noted with satisfaction that the United Nations system agencies had agreed to hold joint assessment, planning, programming and donor meetings to consider the challenges of repatriation.

35. It was important to stress that all the agencies had developed procedures to ensure that they had the necessary financial resources to react quickly in emergency situations. UNICEF, for example, had set aside funds on which it could draw pending the inflow of cash from donors.

36. **Mr. Camanor** (United Nations Children's Fund) said, regarding the lack of resources for the non-food sector, that the international response had slowed in the second year of the humanitarian operation in Eritrea owing to a perception among donors that the emergency was over. In addition, new conflicts had broken out, and there had been a change in priorities, as the international community turned its attention to the HIV/AIDS epidemic.

37. **Mr. Campbell** (United Nations Population Fund) said that, during the humanitarian emergency, UNFPA had been able to secure the speedy conversion of core resources into humanitarian response resources, allowing for a rapid flow of cash. Moreover, on the

basis of the assessments described earlier, it had been able to decide on urgent interventions and mobilize the necessary supplies quickly; critical supplies were stored in warehouses and could be shipped at short notice. He noted that the variety of sources of humanitarian aid also implied a variety of rules, procedures, agreements and guidelines, and that greater harmonization would be to the benefit of all concerned.

38. **Mr. Andersson** (Sweden) said that, while he agreed that multi-year funding frameworks were a prerequisite for ensuring that resources were available on a predictable basis, it would be interesting to know how country teams would use those frameworks as tools for the development of the CCA and UNDAF processes. With regard to joint programming, he asked whether the different approaches and organizational cultures of the various United Nations system agencies in Eritrea were an asset or an obstacle. Lastly, he enquired whether any changes had been made to the country programmes for Eritrea following the finalization of the UNDAF and how the country team would use its experience of the CCA/UNDAF process in the preparation of the poverty reduction strategy paper.

39. **Mr. Nhongo** (Resident and Humanitarian Coordinator for Eritrea) said that the requirements for development activities in Eritrea in the context of the UNDAF amounted to $240 million, only 50 per cent of which would be funded from core resources. Yet, without predictable funding, it was difficult to do meaningful planning.

40. Joint programming required the United Nations system agencies to develop so-called common-basket funding arrangements; that was often problematic because of the agencies' diverse mandates and administrative and financial arrangements. The UNDAF, however, provided an opportunity for joint planning and monitoring, adding value to the agencies' activities.

41. **Mr. Balslev-Olesen** (United Nations Children's Fund) said that the magnitude of the humanitarian emergency in Eritrea had called for a coordinated response on the part of the United Nations system agencies. The cooperation established then had carried over into the UNDAF process. The Eritrean Government was a strong advocate of joint programming. Government ministries, given their scarce resources, were not able to deal with multiple agencies. For that reason, the thematic groups and subgroups were chaired by a single lead agency, along with the relevant line ministry, an arrangement which encouraged a unified approach. While the agencies already undertook joint assessment, planning, monitoring and evaluation, the modalities for joint implementation were still being developed.

42. **Mr. Campbell** (United Nations Population Fund) said that the HIV/AIDS thematic subgroup had developed an annual work plan, which enabled all the partners to focus on common Government objectives. The plan minimized redundancies and competition and ensured that any gaps identified were filled. The very positive experience of the subgroup showed that joint programming could work at the operational level, although the partners had yet to develop a common funding mechanism. He noted that although the country programmes had been formulated prior to the adoption of the UNDAF, the programmes and the Framework shared many commonalities.

43. **Ms. Jarawan** (World Bank) said that, while the preparation of the poverty reduction strategy paper was being led by the Government, with the support of the World Bank, UNDP and other international agencies, the process was characterized by the participation of a wide range of actors, including many non-governmental organizations.

The meeting rose at 12.05 p.m.